Application or Docket Number

PATENT APPLICATION : ÉE DETERMINATION RECORD Effective October 1, 2000

18360/214077

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			/3		(OOId)	(Ooldmir 2)		RATE FEE		OR 1 1	RATE	
FOR			NUMBER I	FII ED	NIIMR	ER EXTRA	ł	BASIC FEE				FEE
			_		HOMBEREXTRA		ŀ	DAGIO FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			/3 minus 20=		0			X\$ 9=		OR	X\$18=	0
INDEPENDENT CLAIMS			3 minus 3 =		0			X40=		OR	X80=	0
		IDENT CLAIM PI		<u> </u>				+135=		OR	+270=	
* If	the difference	in column 1 is	less than ze	ro, enter	"0" in column 2		•	TOTAL		OR	TOTAL	710
	C		MENDED - PART II							OTHER	THAN.	
		(Column 1) CLAIMS		(Colur		(Column 3)	r	SMALL	·	OR	SMALL	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMI PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	· ·	=		X\$ 9=	3, *	OR	X\$18=	
	Independent	*	Minus	***		=	•	X40=		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=		OR	+270=	
								TOTAL			TOTAL	
		(Column 1)		(Colur	mn 2)	(Column 3)	Α	ADDIT. FEE	<u> </u>	10	ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	IEST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		=	ŀ	X40=		OR	X80=	
Ĺ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						┞			OH		
								+135=		OR	+270=	
								TOTAL DDIT. FEE		OR ,	TOTAL ADDIT. FEE	
		(Column 1)	parantanan-gana nan na na na na	(Colun		(Column 3)		•				
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	,
	Independent	*	Minus	***		=		X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							.105		ı	.070	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+135=		OR	+270=	
**	If the "Highest Nur	mber Previously Pa mber Previously Pa	aid For" IN THIS	S SPACE is	s less thar	n 20, enter "20."	A	TOTAL DDIT. FEE		OR ,	TOTAL ADDIT. FEE	
		nber Previously Pai					r four	nd in the app	ropriate box	in col	umn 1.	